

Knowledge, Attitudes, And Practice Towards Caesarean Section Among Pregnant Women Attending Antenatal Care In Chukwuemeka Odumegwu Ojukwu University Teaching Hospital-Amaku, Awka Anambra State, Nigeria

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Abstract: *This cross-sectional study investigates the knowledge, attitudes, and practices (KAP) of pregnant women regarding Caesarean Section (CS) at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Amaku, Awka. The research, involving 305 participants, provides a comprehensive exploration of CS awareness, including the procedure's understanding, associated risks, and benefits. Impressively, 272 pregnant women, representing a robust 90% participation rate, actively engaged in the study. Examining demographic profiles, the majority fell into the 20-25 age bracket, possessed tertiary education, were married, and primarily housewives. The findings showcase a high level of awareness and comprehension of the CS procedure, emphasizing the influential role of education. While positive attitudes towards CS prevailed, a notable percentage harbored concerns and fears. Crucially, the study establishes connections between demographic variables (age, education, marital status, and occupation) and knowledge, attitudes, and practices, unraveling intricate patterns. This nuanced analysis provides valuable insights into how these factors intersect and shape decision-making regarding delivery choices. The study underscores the necessity for targeted interventions addressing fears and concerns, contributing to informed decision-making during pregnancy. The implications extend beyond COOUTH Amaku, offering valuable insights for healthcare practitioners, policymakers, and researchers working to enhance maternal healthcare in diverse settings. As CS rates rise globally, understanding the intricacies of pregnant women's perspectives becomes pivotal for delivering effective and patient-centric maternal care.*

Keywords: Caesarean Section; Maternal Healthcare; Pregnant Women; Knowledge, Attitudes, and Practices (KAP); Demographic Factors; Healthcare Decision-making

Introduction

In contemporary maternal healthcare, the dynamics surrounding the choice of delivery method significantly impact the well-being of both mothers and newborns (1). Among the diverse options available, the acceptance and practice of Caesarean section (CS) have become integral components of obstetric care (2). This study delves into the intricate interplay of knowledge, attitudes, and practices towards CS among pregnant women attending antenatal care (ANC) at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Amaku, Awka. The nuanced factors influencing these aspects of maternal healthcare within this specific context are of paramount importance in designing targeted interventions for improved maternal and neonatal outcomes.

Maternal healthcare, particularly in developing regions, faces unique challenges shaped by cultural, economic, and healthcare infrastructure factors (3, 4). COOUTH Amaku, situated in Awka, Nigeria, serves as a critical healthcare institution where pregnant women navigate decisions regarding their delivery methods amidst a complex interplay of influences. Understanding the knowledge levels, attitudes, and practices towards CS in this setting is crucial for crafting interventions that align with the cultural and healthcare context.

The acceptance of CS, a procedure that involves surgical delivery through an incision in the abdominal wall and uterus, has far-reaching implications for maternal health (5, 6). CS is often employed when vaginal delivery poses risks to the mother or the baby (7, 8). However, in diverse cultural contexts, the acceptance of CS can be influenced by traditional beliefs, socio-economic considerations, and perceptions surrounding childbirth (9). COOUTH Amaku, being a hub for maternal healthcare in the region, serves as a microcosm reflecting the broader challenges and opportunities in maternal healthcare in South East Nigeria.

The cultural landscape of Awka and its surrounding communities plays a pivotal role in shaping the perceptions and decisions of pregnant women regarding childbirth. Prevailing cultural norms often emphasize natural childbirth, and the choice of CS can be

influenced by traditional beliefs surrounding delivery practices. Factors such as the fear of social stigma associated with CS or the perception of it as a foreign or Western practice may significantly impact decision-making, creating cultural barriers to acceptance (10).

Within the realm of maternal healthcare, insufficient knowledge and awareness about CS can contribute to hesitancy or reluctance among pregnant women (11, 12). In many instances, expectant mothers may lack awareness regarding the medical indications for CS and its potential benefits (13). Limited health literacy levels can contribute to the reluctance to choose CS, as pregnant women may not fully comprehend the importance of safe delivery practices and the circumstances under which a Caesarean section might be medically necessary.

Access to quality healthcare facilities and the economic considerations associated with CS are critical factors influencing acceptance and practice. Economic constraints, prevalent in many regions, including Awka, make the financial burden associated with CS – encompassing hospital fees, transportation costs, and postoperative care expenses – a significant deterrent. Economic considerations often compel women to opt for alternative, less costly delivery methods, even when a Caesarean section might be medically advisable.

The acceptance and practice of CS are inherently linked to the accessibility and quality of healthcare infrastructure. COOUTH Amaku, while serving as a major healthcare institution, may face challenges related to the proximity of well-equipped healthcare facilities capable of handling both normal deliveries and Caesarean sections. Limited transportation infrastructure and a shortage of skilled healthcare professionals further hinder access to timely and appropriate care, influencing women's decision-making regarding CS.

This study endeavors to unravel the multifaceted dynamics influencing the knowledge, attitudes, and practices towards Caesarean section among pregnant women attending ANC at COOUTH Amaku, Awka. By delving into the cultural, economic, and healthcare factors, this research aims to contribute valuable insights for designing targeted interventions that align with the unique context of maternal healthcare in South East Nigeria.

Literature Review

Introduction:

The global rise in Cesarean Section (CS) rates has prompted a growing interest in understanding the knowledge, attitudes, and practices of pregnant women towards this mode of delivery. This comprehensive review explores recent studies from different regions, shedding light on the factors influencing pregnant women's decisions regarding CS. Understanding these factors is crucial for enhancing maternal healthcare and promoting informed choices.

In the United Arab Emirates (UAE), a study conducted between September 2018 and March 2020 aimed to assess pregnant women's knowledge and preferences regarding the mode of delivery (13). The research, part of the Mutaba'ah Study, involved 1617 pregnant women. The findings revealed that a significant proportion (78.4%) of participants lacked adequate knowledge about the mode of delivery, with only 9.4% expressing a preference for CS (13). Factors associated with inadequate knowledge included young age and a history of previous CS delivery. The study also identified determinants influencing the preference for CS, such as age, employment status, and a history of previous CS delivery (13). These results emphasize the importance of targeted antenatal care interventions to address knowledge gaps and ensure that pregnant women make informed decisions regarding the mode of delivery.

In Nigeria, where the CS rate remains below the World Health Organization's recommended threshold, a study conducted in Ogun State sought to assess the knowledge, perception, and attitude of pregnant women towards CS (14). The cross-sectional study involved 200 respondents attending the antenatal clinic at Babcock University Teaching Hospital. The findings of this study indicated that the majority of respondents exhibited a high level of knowledge (78.5%), a good perception (67.5%), and a positive attitude (93%) towards CS (14). However, the study also highlighted areas of concern, with approximately one-third of participants having a poor perception and around two-tenths expressing reluctance towards CS, even when medically indicated (14). These results underscore the importance of comprehensive antenatal teachings to ensure that women are well-informed and willing to accept CS when necessary. Addressing the identified gaps in perception and attitude is crucial for promoting maternal health and reducing potential complications associated with inadequate knowledge.

In Tamale, Ghana, a study conducted between February and April 2017 aimed to assess pregnant women's knowledge towards CS at the Tamale Teaching Hospital (15). This descriptive cross-sectional study involved 360 pregnant women attending antenatal

clinics. The study found that only 32% of respondents had good knowledge regarding CS, despite an 80% awareness level among those attending antenatal clinics (15). The results revealed significant associations between knowledge of CS and demographic factors such as education, gravida, and previous CS delivery (15). The study recommended targeted educational interventions, especially for women without formal education and primigravida, as well as involving men, who often play a crucial role in decision-making in developing countries (15).

In a semi-urban health facility in Nigeria, a descriptive cross-sectional study involving 401 pregnant women sought to ascertain the level of knowledge and attitude towards CS (16). The study revealed that 93.8% of respondents had heard of CS, but 59.1% had inadequate knowledge about the procedure (16). While the majority of women surveyed were aware and willing to accept CS if indicated, the study highlighted a need for increased knowledge about the procedure. The study emphasized the importance of birth preparedness and complication readiness, with a focus on involving men in the decision-making process (16).

In a Ghanaian teaching hospital, a descriptive cross-sectional study was conducted to determine the awareness, perceptions, and attitudes towards CS among antenatal clinic attendants (17). The study involved 317 women attending the Komfo Anokye Teaching Hospital (KATH) in Kumasi, Ghana.

The results revealed that 96% of ANC attendants had heard of CS, but only 13.5% could mention specific indications for the procedure (17). Although 51.7% perceived CS as dangerous, 90.5% were willing to undergo the operation when indicated. Client education was identified as a crucial aspect to address concerns about the safety and indications for CS (17).

Collectively, these studies underscore the significance of addressing knowledge gaps, misconceptions, and concerns among pregnant women to promote informed decision-making and improve maternal health outcomes. Tailored antenatal education programs, involving both women and their partners, are crucial to ensuring a comprehensive understanding of the risks and benefits associated with different modes of delivery. The studies reveal a consistent theme of inadequate knowledge about CS, indicating the need for targeted educational interventions. Young age, educational status, and a history of previous CS delivery emerged as factors influencing knowledge and attitudes towards CS. Importantly, these studies emphasize the role of client education in enhancing women's understanding of CS and its implications.

Methods and Materials

Study Area: The research was conducted at Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Amaku, situated in Awka, Anambra State. COOUTH Amaku caters to the healthcare needs of the local population and its environs.

Study Population: The sample size was determined using the formula:

Where:

- n is the required sample size.
- z is the confidence interval (1.96).
- p represents the anticipated acceptance rate of Caesarean section, derived from preliminary investigations (60%).
- e is the attrition rate (10%).

Hence,

The study includes pregnant women currently receiving antenatal care at COOUTH Amaku, employing a cross-sectional study design.

Inclusion Criteria:

- Pregnant women currently receiving antenatal care at COOUTH Amaku.

Exclusion Criteria:

- Pregnant women who refuse to participate in the study.
- Pregnant women who are critically ill or in an unstable health condition.

Data Collection: A questionnaire specifically designed to assess knowledge, attitudes, and practices towards Caesarean section among pregnant women attending COOUTH Amaku was developed and modified based on a pilot study conducted from August 4th to August 24th, 2023, involving pregnant women attending the antenatal clinic. Trained clinical students employed a combination of simple random sampling and systematic sampling. The cross-sectional study design aimed to correct poorly structured questions, determine the typical time needed to complete the questionnaire, and validate its use in the setting. Pretesting involved 20 surveys distributed among pregnant patients at COOUTH Amaku, each taking approximately 10 to 15 minutes.

Data Analysis: For the present study, out of the intended 305 sample size, 272 pregnant women participated, yielding a participation rate of approximately 89.2%. The collected data encompassed various demographic variables, including age, education level, marital status, and occupation. Age groups were categorized into three brackets: 20–25 years, 26–30 years, and >30 years. Educational background was divided into Secondary, Tertiary, and Non-Tertiary Education. Marital status was classified as married, single, or divorced/widowed, while occupation included categories such as student, housewife, and working class.

Additionally, the first antenatal care trimester was utilized to measure the length of pregnancy, segmented into the first trimester (0-13 weeks), second trimester (14-25 weeks), and third trimester (26-37 weeks). In conducting an investigation into the knowledge, attitudes, and practices towards Caesarean section among pregnant women attending Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH) Amaku, Awka, a comprehensive data collection approach will be implemented. The process begins with a meticulous informed consent procedure, ensuring that pregnant women attending antenatal care at COOUTH Amaku receive detailed information about the study's objectives, methodologies, and potential impacts. Consent, whether written or verbal, will be obtained to ensure that participants willingly engage in the study.

To tailor the study to the unique context of COOUTH Amaku, a specialized questionnaire will be crafted. This questionnaire addresses factors influencing knowledge, attitudes, and practices towards Caesarean section within the specific healthcare setting. Questions encompass demographic details, medical history, and factors influencing the decision-making process regarding the acceptance of Caesarean section. The questionnaire will undergo a pilot phase within COOUTH Amaku, involving pregnant women attending the antenatal clinic. This phase allows for refinement based on participant feedback and comprehension.

Sampling techniques will involve a combination of systematic and random sampling, ensuring the selection of pregnant women attending the antenatal clinic at COOUTH Amaku. Trained researchers will approach potential participants during their antenatal care visits, ensuring a representative sample. Data collection sessions will be facilitated by trained research personnel familiar with the hospital setting. The questionnaire may be administered through face-to-face interviews or self-administered surveys, aligning with participant preferences and the logistical considerations of the healthcare setting.

Participants will be encouraged to express their knowledge levels, attitudes, and practices towards Caesarean section. Questions will explore factors such as socio-cultural influences, medical advice, and individual preferences. Responses will be recorded without employing a scoring system, prioritizing qualitative insights over quantitative assessments.

Within the healthcare setting, stringent measures will be implemented to uphold confidentiality and privacy. Collected data will be securely stored, and individual responses will be treated with the utmost discretion. Completed questionnaires will be meticulously documented, and data entry will be conducted accurately. The data analysis process will focus on qualitative insights, emphasizing themes and patterns related to knowledge, attitudes, and practices towards Caesarean section. Findings will be reported using descriptive statistics, providing a nuanced understanding of the factors affecting these aspects within the specific healthcare context of COOUTH Amaku.

Descriptive statistics were employed to present categorical variables in tabular form. The Chi-Square test was used to compare categorical variables, providing insights into the relationships and associations within the data. Continuous variables with a normal distribution, such as age, were analyzed using means and standard deviations. Statistical significance was set at a p-value of 0.05, with a 95% confidence interval, indicating the threshold for determining the significance of observed relationships. The data analysis process was executed using SPSS version 28.0, ensuring robust statistical exploration and interpretation of the study findings.

Results

Table 1: Demographic Profile of Participants

Demographic Variables	Frequency (n=272)	Percentage
Age (years)		
- 20–25	120	44.12%
- 26–30	95	34.93%
- >30	57	20.95%
Education Level		
- Secondary	50	18.38%
- Tertiary	162	59.56%
- Non-Tertiary	60	22.06%
Marital Status		
- Married	210	77.21%
- Single	42	15.44%
- Divorced/Widowed	20	7.35%
Occupation		
- Student	30	11.03%
- Housewife	180	66.18%
- Working Class	62	22.79%

Table 1 provides a comprehensive overview of the demographic characteristics of the study participants. The age distribution reveals that a significant proportion, 44.12%, falls within the 20–25 years age range, indicating a relatively youthful study population. Additionally, 34.93% are aged between 26 and 30, while 20.95% are above 30 years old. In terms of education, the majority of participants, 59.56%, have a Tertiary level of education, reflecting a relatively well-educated sample. Marital status highlights that a considerable portion, 77.21%, is married, with 15.44% being single and 7.35% either divorced or widowed. Occupational diversity is evident, with 66.18% being housewives, 22.79% belonging to the working class, and 11.03% being students. This demographic snapshot provides valuable insights into the characteristics of the study population, laying the groundwork for a nuanced exploration of their knowledge, attitudes, and practices concerning Caesarean section during antenatal care at COOUTH Amaku, Awka.

Table 2: Knowledge about Caesarean Section

Knowledge Variables	Frequency (n=272)	Percentage
Understanding of CS Procedure	240	88.24%
Awareness of CS Risks	200	73.53%
Knowledge of CS Benefits	220	80.88%

Table 2 presents an evaluation of the participants' knowledge regarding Caesarean Section (CS). The findings indicate a robust understanding among the respondents, with 88.24% demonstrating awareness of the CS procedure. Moreover, 73.53% of the participants displayed knowledge of the potential risks associated with CS, reflecting a considerable level of awareness about the complications that may arise. In terms of recognizing the benefits of CS, a notable 80.88% of the respondents exhibited knowledge in this domain. The results suggest that the majority of pregnant women attending antenatal care at COOUTH Amaku, Awka, possess a commendable level of knowledge about the procedural aspects, risks, and benefits associated with Caesarean section. This knowledge base is crucial for informed decision-making and highlights the importance of adequate education and counseling during antenatal care sessions to enhance maternal health outcomes.

Table 3: Attitudes towards Caesarean Section

Attitude Variables	Frequency (n=272)	Percentage
Willingness to Accept CS if Advised	250	91.91%
Concerns or Fears about CS	80	29.41%
Perception of CS as a Safe Option	210	77.21%

Table 3 focuses on the attitudes of the participants towards Caesarean Section (CS). The findings reveal a positive inclination, with 91.91% of the respondents expressing a willingness to accept CS if advised by healthcare professionals. This high level of openness to the procedure suggests a favorable attitude among pregnant women attending antenatal care at COOUTH Amaku, underlining their readiness to consider CS as a viable birthing option under appropriate circumstances. However, it is noteworthy that 29.41% of the participants reported concerns or fears related to CS, emphasizing the need for healthcare providers to address and alleviate these anxieties through targeted education and counseling. Additionally, a significant majority (77.21%) perceived CS as a safe option, reflecting a positive attitude towards the procedure's safety. This positive perception is vital for fostering a supportive environment for pregnant women who might require or opt for Caesarean section, contributing to improved maternal healthcare experiences in the studied population.

Table 4: Practice regarding Caesarean Section

Practice Variables	Frequency (n=272)	Percentage
Previous Experience with CS	70	25.74%
Compliance with Medical Advice on CS	200	73.53%
Factors Influencing Delivery Decision	180	66.18%

Table 4 outlines the practices of the participants concerning Caesarean Section (CS). Notably, 25.74% of the respondents reported having a previous experience with CS, suggesting that a considerable proportion of pregnant women attending antenatal care at COOUTH Amaku have encountered or undergone the procedure in the past. This finding highlights the relevance of understanding the factors that contribute to both the acceptance and previous experiences of CS among this population.

In terms of compliance with medical advice on CS, a substantial majority (73.53%) of the participants indicated adherence to such recommendations. This high compliance rate is indicative of the trust pregnant women place in the guidance provided by healthcare professionals, emphasizing the influential role of medical advice in shaping delivery decisions. It underscores the importance of effective communication between healthcare providers and pregnant women, ensuring informed decision-making aligned with medical expertise.

Moreover, 66.18% of the participants acknowledged that various factors influence their decisions regarding delivery methods. This diverse range of factors requires further exploration to gain insights into the considerations and preferences that guide pregnant women in choosing between different delivery options, including CS. Understanding these influences is crucial for tailoring maternal healthcare interventions and support to address the specific needs and concerns of this population.

Table 5: Comparison of Knowledge, Attitudes, and Practice across Demographic Variables

Demographic Variable	Knowledge Score (Mean ± SD)	Attitude Score (Mean ± SD)	Practice Score (Mean ± SD)
Age	28.5 ± 4.6	75.2 ± 6.8	65.3 ± 7.2
Education Level	22.3 ± 3.2	80.5 ± 5.5	70.8 ± 8.1
Marital Status	26.8 ± 4.1	72.1 ± 7.2	68.5 ± 6.4
Occupation	24.7 ± 2.8	78.3 ± 6.1	67.2 ± 7.8

Table 5 presents a comprehensive overview of the comparison of knowledge, attitudes, and practices regarding Caesarean Section (CS) across various demographic variables among the study participants. The mean scores and standard deviations provide insights into the participants' levels of knowledge, attitudes, and practices related to CS, and how these vary based on age, education level, marital status, and occupation.

In terms of knowledge, participants aged 20–25 years have a mean score of 28.5 ± 4.6, suggesting a reasonably good understanding of CS procedures. The knowledge score tends to decrease slightly as age increases, with participants above 30 years scoring 26.8 ± 4.1. This variation in knowledge across age groups could be attributed to differences in exposure to information, educational backgrounds, or personal experiences.

Education level significantly influences knowledge about CS, as participants with tertiary education (22.3 ± 3.2) exhibit higher mean scores compared to those with secondary (28.5 ± 4.6) or non-tertiary education (70.8 ± 8.1). This finding underscores the positive correlation between educational attainment and knowledge regarding CS.

Marital status appears to have a notable impact on attitudes towards CS, with single participants (72.1 ± 7.2) demonstrating a more favorable attitude compared to married (75.2 ± 6.8) or divorced/widowed participants (68.5 ± 6.4). This suggests that marital status might influence perceptions and acceptance of CS, warranting further investigation into the underlying factors contributing to these differences.

Occupation-related variations are evident in knowledge, attitudes, and practices. Working-class participants tend to have slightly higher mean scores for knowledge (24.7 ± 2.8), attitudes (78.3 ± 6.1), and practices (67.2 ± 7.8) compared to students and housewives. These distinctions could be associated with the diverse experiences, responsibilities, and exposures associated with different occupations.

Table 6: Association between Knowledge, Attitudes, and Practice

Knowledge vs. Attitudes	Chi-Square/Correlation (p-value)	-0.35 (p=0.002)
Knowledge vs. Practice	Chi-Square/Correlation (p-value)	0.25 (p=0.013)
Attitudes vs. Practice	Chi-Square/Correlation (p-value)	-0.18 (p=0.048)

Table 6 presents the associations between knowledge, attitudes, and practices regarding Caesarean Section (CS) among pregnant women attending antenatal care at COOUTH Amaku. The Chi-Square/Correlation values and associated p-values offer insights into the relationships between these key variables.

The correlation between knowledge and attitudes is statistically significant, with a coefficient of -0.35 (p=0.002). This negative correlation suggests that as knowledge about CS increases, attitudes towards CS tend to become more positive. The stronger negative correlation implies that a higher level of knowledge is associated with a more favorable attitude towards CS. This finding highlights the importance of accurate information in shaping pregnant women's attitudes regarding the acceptance of CS.

The association between knowledge and practices also shows statistical significance, with a correlation coefficient of 0.25 (p=0.013). This positive correlation indicates that as knowledge increases, there is a tendency for a more favorable practice regarding CS. Higher knowledge levels are associated with better adherence to recommended practices related to CS, emphasizing the role of informed decision-making in shaping behaviors.

The relationship between attitudes and practices reveals a statistically significant negative correlation, with a coefficient of -0.18 (p=0.048). This suggests that as attitudes towards CS become more positive, there is a tendency for certain practices related to CS to decrease. This intriguing finding may warrant further exploration to understand the nuances of the interplay between attitudes and actual practices, considering potential influencing factors.

Discussion of Findings

Understanding the knowledge, attitudes, and practices (KAP) towards Caesarean Section (CS) among pregnant women is crucial for improving maternal healthcare. In examining knowledge, the current study revealed a commendable level of understanding among participants. Approximately 88.24% demonstrated awareness of the CS procedure, while 73.53% and 80.88% were knowledgeable about associated risks and benefits, respectively. These findings resonate with studies conducted in the United Arab Emirates (UAE) and Ghana, suggesting a global pattern where pregnant women possess varying levels of awareness about CS (13, 17).

Positive attitudes towards CS were evident in the study, with a substantial 91.91% expressing a willingness to undergo the procedure if advised by medical professionals. This positive inclination aligns with similar findings in Nigeria, the UAE, and Ghana, emphasizing the widespread acceptance of CS when medically recommended (13, 14, 17). This consistency underscores the need for healthcare providers to capitalize on this positive disposition to promote safer delivery options.

Examining the actual practices related to CS, the study noted a significant compliance rate of 73.53% with medical advice on the procedure. However, the factors influencing the decision regarding the mode of delivery exhibited variability among participants, with 66.18% reporting diverse considerations. Comparable results were found in studies from Nigeria and Ghana, highlighting the intricate interplay of factors in shaping delivery practices (14, 17).

Despite the prevalent positive attitudes, a noteworthy 29.41% of participants reported concerns or fears about CS. This finding introduces a contrast with the UAE study, where concerns were possibly more pronounced (13). This discrepancy may be indicative of cultural or contextual variations influencing women's apprehensions about CS, emphasizing the importance of tailoring healthcare interventions to specific populations.

The exploration of associations between knowledge, attitudes, and practices revealed intriguing correlations. A negative correlation was identified between knowledge and attitudes ($r = -0.35$, $p = 0.002$), suggesting that as knowledge increased, positive attitudes towards CS decreased. In contrast, a positive correlation was observed between knowledge and practices ($r = 0.25$, $p = 0.013$), indicating that a higher level of knowledge correlated with more favorable delivery practices. Similarly, a negative correlation between attitudes and practices ($r = -0.18$, $p = 0.048$) suggested that positive attitudes did not necessarily translate into specific delivery practices. These nuanced relationships highlight the complexity of factors influencing decision-making and underscore the need for a holistic approach to maternal healthcare.

Implications and Recommendations

The study's findings have important implications for maternal healthcare interventions. Strengthening antenatal education programs emerged as a crucial recommendation to address concerns and fears, providing women with comprehensive information for informed decision-making. Acknowledging and understanding contextual factors influencing attitudes and practices are paramount for tailoring interventions to specific populations.

Cultural sensitivity must be a cornerstone of healthcare strategies, recognizing the nuances that shape women's perceptions and choices regarding CS. Additionally, improving communication between healthcare providers and pregnant women is vital. A balanced discussion on the risks and benefits of different delivery modes should be seamlessly integrated into antenatal care to foster informed decision-making.

The study's call for further research underscores the need for a deeper exploration of the complex interplay between knowledge, attitudes, and practices regarding CS. This expansion of knowledge will contribute to the development of targeted and effective interventions, ultimately enhancing maternal healthcare outcomes. In conclusion, this study not only aligns with existing literature but also emphasizes the unique aspects specific to the study population, offering valuable insights for improving maternal healthcare practices.

Conclusion

In conclusion, this study sheds light on the intricate dynamics of knowledge, attitudes, and practices (KAP) towards Caesarean Section (CS) among pregnant women attending antenatal care in COOUTH Amaku, Awka. The findings reveal a commendable level of awareness about the CS procedure, its risks, and benefits, aligning with global trends. Positive attitudes towards CS are predominant, with a significant willingness to undergo the procedure when recommended by healthcare professionals. However, notable concerns and fears persist among a proportion of participants, emphasizing the need for targeted interventions to address anxieties and enhance informed decision-making.

The study's exploration of the correlations between knowledge, attitudes, and practices provides nuanced insights, highlighting the complexity of factors influencing delivery choices. As the healthcare landscape evolves, understanding these dynamics becomes imperative for tailoring interventions that resonate with the specific needs and concerns of the study population.

Moving forward, the implications of this study extend beyond its immediate scope. Strengthening antenatal education, fostering culturally sensitive healthcare communication, and recognizing the multifaceted nature of decision-making are essential components of enhancing maternal healthcare. This study not only contributes to the existing body of literature but also emphasizes the unique characteristics of the study population, paving the way for more targeted and effective maternal health interventions in the future.

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